

CITY AND COUNTY OF HONOLULU
DEPARTMENT OF PLANNING AND PERMITTING (DPP)
650 South King Street, Honolulu, Hawaii 96813
<http://www.honoluludpp.org/>

OHANA DWELLING UNIT
PUBLIC FACILITIES PRE-CHECK FORM INSTRUCTIONS

OVERVIEW

The Ohana Dwelling Unit Pre-Check Form verifies that the lot is appropriately zoned and meets the public facilities standards for the proposed ohana dwelling. The Ohana Dwelling Unit Pre-Check Form does not give the Applicant permission to construct an ohana dwelling without obtaining a building permit.

Time Frame: The Ohana Dwelling Unit Pre-Check Form will expire if a building permit application is not submitted within 120 days (210 days with Board of Water Supply [BWS] 90-day extension). If you do not apply for a building permit within 120 business days, a new Ohana Dwelling Unit Pre-Check Form must be submitted.

Building Permit: When applying for an ohana dwelling building permit, the completed Ohana Dwelling Unit Pre-Check Form has to be submitted along with the ohana dwelling building permit application, construction drawings, and other required documents to the DPP.

Note: Compliance with private covenants or lease restrictions prohibiting ohana dwellings on a lot is the Applicant's responsibility.

INSTRUCTIONS FOR COMPLETING THE OHANA DWELLING UNIT PRE-CHECK FORM

- a. Provide all information requests in Part I of the Ohana Dwelling Unit Pre-Check Form.
- b. Submit the Ohana Dwelling Unit Pre-Check Form, along with one copy each of the project's plot plan and floor plan, to the Permit Pick-Up Office at 650 South King St., Honolulu, HI 96813, located within the Frank Fasi Municipal Building. Check in with the security guard upon arrival. Navigate through the breezeway (common area) and proceed through the double-automatic doors. Once inside, make your way to the front concierge desk for further assistance. On the plot plan, show lot dimensions, location of driveway, location of proposed work, distance from property lines, and other buildings, and other pertinent information.
- c. Obtain approvals and signatures from agencies listed in Part II of the Ohana Dwelling Unit Pre-Check Form. Some applications may also be required to obtain approval and signature from the DPP to confirm that the lot meets roadway requirements.
- d. Approval from all applicable agencies has to be obtained. If anyone requirement is not met, an ohana dwelling building permit cannot be granted.

Please consult with each agency for additional details and/or updates. For further assistance or information on how to complete the application, please contact the DPP at 768-8220 and leave a voice message.

ADDRESSES AND PHONE NUMBERS OF AGENCIES

Customer Services Office (DPP)

One Stop Permit Counter

Frank Fasi Municipal Building, 1st Floor

650 South King Street

768-8220 (please leave a message)

Wastewater Branch (DPP)

One Stop Permit Counter

Frank Fasi Municipal Building, 1st Floor

650 South King Street

768-8210

Land Use Permit Division (DPP)

Frank Fasi Municipal Building, 7th Floor

650 South King Street

768-8029

Fire Department

One Stop Permit Counter

Frank Fasi Municipal Building, 1st Floor

650 South King Street

723-7094

Board of Water Supply - Service Engineering Section

630 South Beretania Street, 1st Floor

748-5460

State Department of Health - Wastewater Branch

919 Ala Moana Boulevard, Room 309

586-4294

Department of Land and Natural Resources (DLNR)

Bureau of Conveyances

Kalanimoku Building

1151 Punchbowl Street, Room 120

587-0147

OHANA DWELLING
PUBLIC FACILITIES PRE-CHECK FORM
DEPARTMENT OF PLANNING AND PERMITTING

TAX MAP KEY

Zone	Sec	Plat	Par	Lot

ZONING DISTRICT: _____

LOT AREA: _____

ADDRESS/LOCATION OF PROPERTY: _____

APPLICANT: _____ PHONE: _____

AGENT: _____ PHONE: _____

OHANA - PART I (To be completed by applicant)

1. PROPOSAL FOR: (check only one)

- | | |
|---|---|
| <input type="radio"/> One new <u>attached</u> unit | <input type="radio"/> Use of existing <u>attached</u> second unit |
| <input type="radio"/> One new <u>detached</u> unit | <input type="radio"/> Use of existing <u>detached</u> second unit |
| <input type="radio"/> Alteration work only (conversion of garage, guest quarters, recreation rooms, basement, etc.) | |
| <input type="radio"/> Other _____ | |

2. TOTAL NUMBER OF BEDROOMS IN BOTH UNITS: _____ (for DOH review, if required)

3. PARCEL NOW SERVED BY OR HAS: (check Yes or No)

- | | | |
|--|---------------------------|--------------------------|
| a. Meets minimum lot size required | <input type="radio"/> Yes | <input type="radio"/> No |
| b. City water | <input type="radio"/> Yes | <input type="radio"/> No |
| c. City sewers | <input type="radio"/> Yes | <input type="radio"/> No |
| d. Cesspool or septic tank. If "Yes", see II.b. -- State Department of Health | <input type="radio"/> Yes | <input type="radio"/> No |
| e. Direct access to a street with minimum paved roadway width of 20 feet (18 feet if street serves no more than 6 lots). | <input type="radio"/> Yes | <input type="radio"/> No |
| f. Sufficient area for required number of parking spaces | <input type="radio"/> Yes | <input type="radio"/> No |

OHANA - PART II (To be completed by government agencies)*If you do not meet any requirement do not proceed, permit cannot be granted.***I. DPP CUSTOMER SERVICES DIVISION:** Parcel meets zoning and lot size/dimension standards.☐ Yes ☐ No

Checked by: _____

Signature _____

Date _____

II. WASTEWATER DISPOSAL (either a or b)

a. DPP WASTEWATER BRANCH: Sewer service is available and capacity is adequate.

☐ Yes ☐ No

Checked by: _____

Signature _____

Date _____

b. STATE DEPARTMENT OF HEALTH - WASTEWATER BRANCH: Existing/proposed Individual Wastewater System meets requirements.

☐ Yes ☐ No

Checked by: _____

Signature _____

Date _____

III. BOARD OF WATER SUPPLY - SERVICE ENGINEERING: Existing water system is adequate.☐ Yes ☐ No

Checked by: _____

Signature _____

Date (Valid for 120 days) _____

BWS ONLY: Approval for one-time 90-day extension.

Checked by: _____

Signature _____

Date (Valid for 90 days) _____

IV. FIRE DEPARTMENT: Lot meets access and fire safety requirements.☐ Yes ☐ No

Checked by: _____

Signature _____

Date _____

V. DPP TRAFFIC REVIEW BRANCH: Meets minimum roadway requirements.☐ Yes ☐ No

Checked by: _____

Signature _____

Date _____

Attach additional comments if necessary.